

# **Personality Disorders**

**S. Michelle Thornblade, PA-C**

# **Learning Objectives**

- **Determine the general principles, etiology, clinical features, and diagnostic criteria for personality disorders.**
- **Recognize the epidemiology, clinical features, differential diagnosis, course, prognosis, and treatment of Cluster A, B, and C disorders.**

# **Case #1**

**Your friend Carol, age 43, has always been difficult. You have known her since childhood, but you are not really sure why you maintain the friendship, since she is very demanding, undependable and unpredictable.**

# **Case #1(cont')**

**You have tried to give her the benefit of the doubt and be a loyal friend, especially after you discovered in high school that her mother was an alcoholic.**



# **Case #1 (cont')**

**Since her parents' divorce when she was 11, she seems to move from one crisis to another. She has been married and divorced three times and each divorce has been bitter and ugly.**

# **Case #1 (cont')**

**During her second marriage, even though she was having an extramarital affair, when she thought her husband was being unfaithful, she slit her wrists in an angry outburst. She did not cut deeply, but required over 100 stitches to repair the numerous wounds.**

## **Case #1(cont')**

**Despite her very dramatic life, she often complains of being bored and always tries to get you to go out drinking, dancing, or to parties, where you never really feel comfortable. You have even witnessed her in two physical fights when she's been drinking.**

## **Case #1 (cont')**

**She also invites you to go shopping, and spends large amounts of money on clothing and jewelry. You don't know where she gets the money. She has never held a job for more than a few months and is often unemployed.**

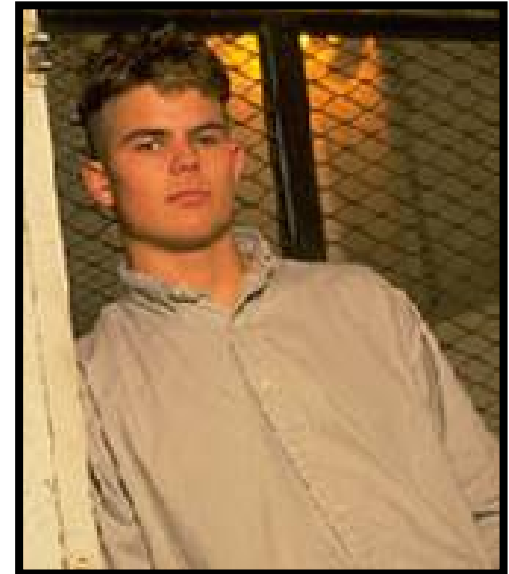


# **Case #1 (cont')**

**You never know what kind of mood she will be in. Once or twice you have suggested that she might benefit from therapy. She did go for a few weeks once, but felt that it was a waste of her time and will not consider further therapy.**

# **Case #1 (cont')**

**Her 19-year-old son has  
been hospitalized twice for  
depressive episodes,  
and you can't help  
but wonder if her parenting may be  
partially to blame for his psychological  
difficulties.**



# **Case #1 (cont')**

**Does Carol have a personality disorder?**

# **Case #1 (cont')**

**Diagnosis:**

**Borderline Personality Disorder**

# Case #1 (cont')

- **Clues:**
  - **Efforts to avoid abandonment**
  - **Pattern of unstable interpersonal relationships**
  - **Impulsivity**
  - **Self-mutilating behavior**



# Case #1 (cont')

- **Clues:**
  - **Chronic feelings of emptiness**
  - **Unstable mood and behavior**
  - **Family history of alcohol abuse, depression**



# **Personality Disorders**

- **General Principles**
- **Review of Specific Personality Disorders**
- **Case Presentations**
- **Questions**

# **General Principles**

- **Definitions**
- **Etiology**
- **Clinical Features**



# Definitions

**Personality: a relatively stable and predictable set of emotional and behavioral traits that characterize an individual in his/her day-to-day life.**

# **Definitions (cont')**

**Personality Disorder: a variant of character traits that is outside the range of normal. A set of deeply ingrained, maladaptive, inflexible patterns of behavior, of relating to others, and ways of perceiving the environment/self.**

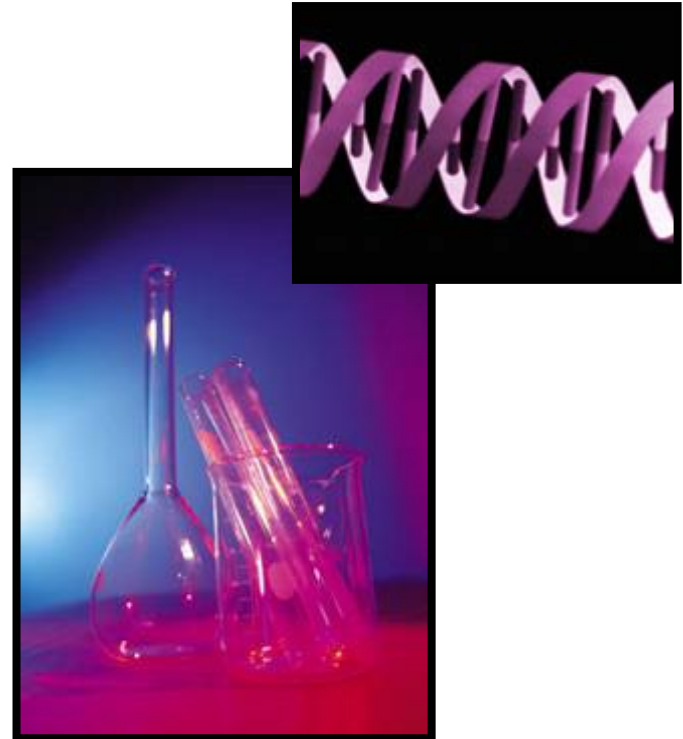
# **Definitions (cont')**

- **Ideas of reference: thinking that other people, the television, or newspapers are making reference to one's self, when in reality they are not.**
- **Psychosis: inability to distinguish reality from fantasy.**

# **Etiology**

## **Some Contributing Factors**

- **Genes**
- **Temperament**
- **Biology**
- **Psychoanalytic Factors**



# **Genetics**

- **Certain Personality Disorders are more common in biological relatives of patients with other psychiatric illnesses:**
  - **Schizotypal Personality Disorder – schizophrenia**
  - **Antisocial Personality Disorder – alcohol use disorders**

# **Genetics (cont')**

- **Borderline Personality Disorder – mood disorders**
- **Histrionic Personality Disorder – somatization disorders**

# **Genetics (cont')**

- **Avoidant Personality Disorder – anxiety disorders**
- **Obsessive Compulsive Personality Disorder – Obsessive Compulsive Disorder**

# Genetics (cont')

**Concordance for personality disorders is higher in monozygotic twins than dizygotic twins**





# Temperament

- **Poor parental fit can contribute to personality disorders**
- **Physical environment may contribute**



# **Biology**

- **Minor childhood central nervous system dysfunctions may be associated with antisocial and borderline personality disorders**
- **Abnormal slow wave EEG activity has been observed in patients with antisocial and borderline personality disorders**

# **Biology (cont')**

- **Patients with impulsive traits may have increased levels of testosterone, 17- estradiol, estrone**
- **Low MAO (monoamine oxidase) levels have been observed in some schizotypal patients**

# **Biology (cont')**

- **Low serotonin levels are associated with suicidal patients and those with impulsive and aggressive tendencies**
- **High endogenous endorphins may be related to dull/apathetic-passive personality**

# **Biology (cont')**

**Jerky, smooth, pursuit eye movements are associated with introversion, low self-esteem, withdrawal, and with schizotypal personality disorder**

# Psychoanalytic Factors

- **Pathological use of defense mechanisms**
  - **Fantasy**
  - **Dissociation**
  - **Isolation**
  - **Projection**



# **Psychoanalytic Factors**

- **Pathological use of defense mechanisms (cont')**
  - **Splitting**
  - **Passive aggression**
  - **Acting out**
  - **Projective identification**

# **General Clinical Features**

- **Personality Disorders are Axis II Diagnoses**
- **Patient may have more than one personality disorder or other coexisting psychiatric disease**
- **Maladaptive / deviant behavior is present by early adulthood**



# **General Clinical Features**

- **Symptoms are “ego-syntonic,” which means the patient is not bothered by his/her abnormal personality traits/behaviors**
- **Patient will often not seek treatment, or not be interested in treatment**

# **General Diagnostic Criteria for a Personality Disorder**

**An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture. The pattern is manifested in two or more of the following ways:**

# **General Diagnostic Criteria for a Personality Disorder (cont')**

- **Cognition (i.e., ways of perceiving and interpreting self, other people, and events)**
- **Affectivity (i.e., the range, intensity, lability, and appropriateness of emotional response)**

# **General Diagnostic Criteria for a Personality Disorder (cont')**

- **Interpersonal functioning**
- **Impulse control**

# **General Diagnostic Criteria for a Personality Disorder**

- **The enduring pattern is inflexible and pervasive across a broad range of personal and social situations.**
- **The enduring pattern leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning.**

# **General Diagnostic Criteria for a Personality Disorder (cont')**

- **The pattern is stable and of long duration, and its onset can be traced back at least to adolescence or early adulthood.**
- **The enduring pattern is not better explained as a manifestation or consequence of another mental disorder.**

# **General Diagnostic Criteria for a Personality Disorder (cont')**

**The enduring pattern is not due to the direct physiological effects of a substance or a general medical condition.**

# **General Principles for Treating Personality Disorders**

- **The following modalities may be used:**
  - **Pharmacotherapy**
  - **Psychotherapy**
- **Refer to psychiatry as needed**





# **Review of Specific Personality Disorders**

- **Cluster A Disorders (odd and eccentric)**
- **Cluster B Disorders (dramatic, emotional, erratic)**
- **Cluster C Disorders (anxious and fearful)**
- **Personality Disorder NOS**

# **Cluster A Disorders**

- **Schizoid Personality Disorder**
- **Schizotypal Personality Disorder**
- **Paranoid Personality Disorder**

# Schizoid Personality Disorder

- **Epidemiology**
- **Clinical Features**
- **Differential Diagnosis**
- **Course & Prognosis**
- **Treatment**



# **Schizoid Personality Disorder**

## **Epidemiology**

- **Prevalence not clearly established**
- **Estimated to affect 7.5% of population**
- **Sex ratio unknown**
- **Some studies show male: female ratio of 2:1**

# **Schizoid Personality Disorder**

## **Clinical Features**

- **Lifelong pattern of withdrawal; introversion**
- **Constricted affect**
- **Appears ill at ease**
- **Often seen by others as eccentric**
- **May gravitate toward solitary work**

# **Schizoid Personality Disorder**

## **Clinical Features (cont')**

- **Rarely tolerates eye contact**
- **Answers questions briefly, avoids spontaneous conversation**
- **Speech is goal directed**
- **May use strange figures of speech**
- **Sensorium and memory intact**

# **Diagnostic Criteria for Schizoid Personality Disorder**

**A pervasive pattern of detachment from social relationships and a restricted range of expression of emotions in interpersonal settings, beginning by early adulthood and present in a variety of contexts, as indicated by four or more of the following:**

# **Diagnostic Criteria for Schizoid Personality Disorder (cont')**

- **Neither desires nor enjoys close relationships, including being part of a family**
- **Almost always chooses solitary activities**
- **Has little, if any, interest in having sexual experiences with another person**



# **Diagnostic Criteria for Schizoid Personality Disorder (cont')**

- **Takes pleasure in few, if any, activities**
- **Lacks close friends or confidants other than first-degree relatives**
- **Appears indifferent to the praise or criticism of others**
- **Shows emotional coldness, detachment, or flattened affectivity**

# **Diagnostic Criteria for Schizoid Personality Disorder (cont')**

- **Does not occur exclusively**
  - **During course of schizophrenia**
  - **Another psychotic disorder**
  - **Pervasive developmental disorder**
  - **Not due to the direct physiological effects of a general medical condition**

# **Schizoid Personality Disorder**

## **Differential Diagnosis**

- **In contrast to Schizophrenia,**
  - **Patient with Schizoid Personality Disorder may have successful work history**
  - **Patient with Schizoid Personality Disorder has no thought disorder or delusions**

# **Schizoid Personality Disorder**

## **Course & Prognosis**

- **Onset in early childhood**
- **Long lasting, but not necessarily life-long**
- **Some patients may develop schizophrenia**

# **Schizoid Personality Disorder Treatment**

- **Psychotherapy**
  - **Patients are introspective and can participate in therapy**
  - **Once trust is established, patients may reveal a vivid fantasy life**
  - **Patients may be silent in group therapy but will eventually begin to participate**

# **Schizoid Personality Disorder Treatment (cont')**

- **Pharmacotherapy**
  - **Low dose antipsychotics**
  - **Antidepressants**
  - **Psychostimulants**
  - **SSRIs may reduce sensitivity to feelings of rejection**



# **Schizotypal Personality Disorder**

- **Epidemiology**
- **Clinical Features**
- **Differential Diagnosis**
- **Course & Prognosis**
- **Treatment**

# **Schizotypal Personality Disorder Epidemiology**

- **Occurs in 3% of population**
- **Sex ratio unknown**
- **Associated with positive family history of schizophrenia**



# **Schizotypal Personality Disorder**

## **Clinical Features**

- **Seems obviously odd or strange to others**
- **Magical thinking, ideas of reference, derealization, illusions common**
- **May have an unusual way of communicating**
- **Speech may be distinctive or peculiar**

# **Schizotypal Personality Disorder**

## **Clinical Features (cont')**

- **May be superstitious**
- **Imaginary relationships, childlike fears and fantasies present**
- **Isolated, with few friends**
- **May have traits of borderline personality disorder**
- **May decompensate under stress and experience brief psychotic episodes**

# **Diagnostic Criteria for Schizotypal Personality Disorder**

**A pervasive pattern of social and interpersonal deficits marked by acute discomfort with, and reduced capacity for, close relationships, as well as by cognitive or perceptual distortions and eccentricities of behavior.**

# **Diagnostic Criteria for Schizotypal Personality Disorder (cont')**

**Begin by early adulthood and present  
in a variety of contexts, as indicated  
by five or more of the following:**

- Ideas of reference**

# **Diagnostic Criteria for Schizotypal Personality Disorder (cont')**

**Odd beliefs or magical thinking that influence behavior and is inconsistent with subcultural norms (e.g., superstitiousness, belief in clairvoyance, telepathy, or “sixth sense”)**

# **Diagnostic Criteria for Schizotypal Personality Disorder (cont')**

- **Odd thinking and speech (e.g., vague, circumstantial, metaphorical, stereotyped)**
- **Suspiciousness or paranoid ideation**
- **Inappropriate or constricted affect**
- **Behavior or appearance that is odd, eccentric or peculiar**

# **Diagnostic Criteria for Schizotypal Personality Disorder (cont')**

- **Lack of close friends or confidants other than first-degree relatives**
- **Excessive social anxiety that does not diminish with familiarity and tends to be associated with paranoid fears rather than negative judgments about self**

# **Diagnostic Criteria for Schizotypal Personality Disorder (cont')**

**Does not occur exclusively during the course of schizophrenia, a mood disorder with psychotic features, another psychotic disorder, or a pervasive developmental disorder.**



# **Schizotypal Personality Disorder**

## **Differential Diagnosis**

- **In contrast to schizophrenia – patients with Schizotypal Personality Disorder exhibit no psychosis (or only very brief episodes of psychosis)**
- **In contrast to Schizoid Personality Disorder – patients with Schizotypal Personality Disorder are more odd and eccentric**

# **Schizotypal Personality Disorder**

## **Course & Prognosis**

- **May be stable and capable of marriage and work**
- **May progress to frank schizophrenia**
- **High rate of suicide (10% in one study)**

# Schizotypal Personality Disorder Treatment

- **Psychotherapy**
- **Pharmacotherapy**
  - **Antipsychotics help treat ideas of reference, illusions**
  - **Antidepressants if needed for depressive symptoms**



# **Paranoid Personality Disorder**

- **Epidemiology**
- **Clinical Features**
- **Differential  
Diagnosis**
- **Course & Prognosis**
- **Treatment**

# **Paranoid Personality Disorder Epidemiology**

- **0.5-2.5% of population**
- **Associated with positive family history of schizophrenia**
- **Higher incidence among men, minorities, immigrants, and the deaf**

# **Paranoid Personality Disorder**

## **Clinical Features**

- **Suspiciousness and mistrust of people; expect to be harmed or exploited**
- **Hostile, irritable, angry**
- **Bigots and pathologically jealous spouses may have Paranoid Personality Disorder**
- **Muscular tension, inability to relax**
- **Humorless and serious manner**

# **Paranoid Personality Disorder**

## **Clinical Features (cont')**

- **Thought content includes projection, prejudice, illusions, ideas of reference**
- **Appears unemotional, lacks warmth and empathy**
- **Expresses disdain for weak, sick, or impaired people**

# **Diagnostic Criteria for Paranoid Personality Disorder**

**A pervasive distrust and suspiciousness of others such that their motives are interpreted as evil, beginning by early adulthood and present in a variety of contexts, as indicated by four or more of the following:**



# **Diagnostic Criteria for Paranoid Personality Disorder (cont')**

- **Suspects, without sufficient basis, that others are exploiting, harming, or deceiving him/her**
- **Is preoccupied with unjustified doubts about the loyalty or trustworthiness of friends or associates**

# **Diagnostic Criteria for Paranoid Personality Disorder (cont')**

- Is reluctant to confide in others because of unwarranted fear that the information will be used maliciously against him/her**
- Reads hidden, demeaning, or threatening meanings into benign remarks or events**

# **Diagnostic Criteria for Paranoid Personality Disorder (cont')**

**Persistently bears grudges, i.e., is unforgiving of insults, injuries or slights**

# **Diagnostic Criteria for Paranoid Personality Disorder (cont')**

- **Perceives attacks on his/her character or reputation that are not apparent to others and is quick to react angrily or to counterattack**
- **Has recurrent suspicions, without justification, regarding fidelity of spouse or sexual partner**

# **Diagnostic Criteria for Paranoid Personality Disorder (cont')**

**Does not occur exclusively during the course of schizophrenia, a mood disorder with psychotic features, or another psychotic disorder, and is not due to the direct physiological effects of a general medical condition.**

# **Paranoid Personality Disorder Differential Diagnosis**

**In contrast to paranoid schizophrenia  
– patients with Paranoid Personality  
Disorder exhibit no hallucinations or  
formal thought disorder**

# **Paranoid Personality Disorder**

## **Course and Prognosis**

- **Symptoms may decrease to the point that patient can lead a near normal life**
- **Can be lifelong**
- **Can progress to schizophrenia**
- **May have lifelong problems with work, marriage, relationships**

# **Paranoid Personality Disorder Treatment**

- **Psychotherapy**
  - **Treatment of choice**
  - **Group therapy not effective**



# **Paranoid Personality Disorder Treatment**

- **Pharmacotherapy**
  - **Anxiolytics for agitation and anxiety**
  - **Low dose antipsychotics for severe agitation or quasi-delusional thinking**
  - **Pimozide [generic] (antipsychotic) can reduce paranoid ideation in some patients**

# **Cluster B Disorders**

- **Antisocial Personality Disorder**
- **Borderline Personality Disorder**
- **Histrionic Personality Disorder**
- **Narcissistic Personality Disorder**

# **Antisocial Personality Disorder**

- **Epidemiology**
- **Clinical Features**
- **Differential  
Diagnosis**
- **Course & Prognosis**
- **Treatment**

# **Antisocial Personality Disorder Epidemiology**

- **Prevalence: 3% in men, 1% in women**
- **More common in poor urban areas**
- **Prison populations may have prevalence of 75%**
- **Onset before age 15**
- **Positive family history of Antisocial Personality Disorder**



# **Antisocial Personality Disorder**

## **Clinical Features**

- **Unable to conform to social norms/laws**
- **History of repeated criminal acts**
- **Truancy, lying, running away from home, theft, fights, substance abuse, child/spouse abuse, promiscuity, drunk driving**
- **Manipulative “con men”**
- **Lack of remorse for actions**

# **Antisocial Personality Disorder Clinical Features (cont')**

- **Suicide threats common**
- **Seductive**
- **Tension, hostility and rage lie under a seemingly normal/charming surface**
- **Abnormal EEG & soft neurological signs may be present, and indicate brain damage in childhood**
- **No delusions or irrational thinking**

# **Diagnostic Criteria for Antisocial Personality Disorder**

**A pervasive pattern of disregard for and violation of the rights of others occurring since age 15 years, as indicated by three or more of the following:**

# **Diagnostic Criteria for Antisocial Personality Disorder (cont')**

- **Failure to conform to social norms with respect to lawful behaviors as indicated by repeatedly performing acts that are grounds for arrest**
- **Deceitfulness, as indicated by lying, use of aliases, or conning others for personal profit or pleasure**
- **Impulsivity and failure to plan ahead**



# **Diagnostic Criteria for Antisocial Personality Disorder (cont')**

- **Irritability and aggressiveness, as indicated by repeated physical fights or assaults**
- **Reckless disregard for safety of self or others**
- **Consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations**

# **Diagnostic Criteria for Antisocial Personality Disorder (cont')**

- **Lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another**

# **Diagnostic Criteria for Antisocial Personality Disorder (cont')**

- **The individual is at least 18 years of age.**
- **There is evidence of conduct disorder with onset before 15 years of age.**
- **Does not occur exclusively during the course of schizophrenia or a manic episode.**

# **Antisocial Personality Disorder**

## **Differential Diagnosis**

- **In contrast to substance abuse – if the antisocial behavior is clearly secondary to substance abuse, then the patient does not technically have Antisocial Personality Disorder**
- **If mental retardation, schizophrenia or mania is responsible for the symptoms, Antisocial Personality Disorder should not be diagnosed**

# **Antisocial Personality Disorder**

## **Course & Prognosis**

- **Lifelong disorder**
- **Symptoms generally peak in teens and may eventually decrease**
- **ADHD, somatization, depression, and substance abuse may also occur**

# **Antisocial Personality Disorder Treatment**

- **Psychotherapy**
  - **Individual therapy can be challenging**
  - **Self-help groups can be effective**

# Antisocial Personality Disorder Treatment

- **Pharmacotherapy**
  - **Psychostimulants** if patient has ADHD-like symptoms
  - **Antiepileptic drugs (Depakote®)** can help control impulses



# **Borderline Personality Disorder**

- **Epidemiology**
- **Clinical Features**
- **Differential  
Diagnosis**
- **Course & Prognosis**
- **Treatment**



# **Borderline Personality Disorder Epidemiology**

- **1-2% of general population**
- **Male: female ratio is 1:2**
- **Positive family history of major depressive disorders, alcohol/substance abuse**

# **Borderline Personality Disorder**

## **Clinical Features**

- **Very unstable/unpredictable affect, mood, behavior, self-image**
- **Always in a state of crisis**
- **May have brief psychotic episodes**
- **Repetitive self-destructive acts**
- **Unstable interpersonal relationships**

# **Borderline Personality Disorder Clinical Features (cont')**

- **Always “bored” or unfulfilled**
- **Cannot tolerate being alone; frequent shifts of allegiance**
- **Splitting – see people as either all good or all bad**

# **Diagnostic Criteria for Borderline Personality Disorder**

**A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity, beginning by early adulthood and present in a variety of contexts, as indicated by five or more of the following:**

# **Diagnostic Criteria for Borderline Personality Disorder (cont')**

- **Frantic efforts to avoid real or imagined abandonment**
- **A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation**
- **Identity disturbance: markedly and persistently unstable self-image**

# **Diagnostic Criteria for Borderline Personality Disorder (cont')**

- **Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating)**
- **Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior**
- **Affective instability is due to a marked reactivity of mood**

# **Diagnostic Criteria for Borderline Personality Disorder (cont')**

- **Chronic feelings of emptiness**
- **Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)**
- **Transient, stress-related paranoid ideation or severe dissociative symptoms**

# **Borderline Personality Disorder Differential Diagnosis**

**In contrast to schizophrenia – patients with Borderline Personality Disorder exhibit no psychosis (or very brief episodes of psychosis), no formal thought disorder**



# **Borderline Personality Disorder Course & Prognosis**

- **Lifelong disorder**
- **May develop major depressive disorder**

# **Borderline Personality Disorder Treatment**

- **Psychotherapy**
  - **Treatment of choice**
  - **Challenging for therapist and patient**
  - **Behavior therapy to reduce angry outbursts and control impulses**
  - **Group therapy often successful**

# **Borderline Personality Disorder Treatment (cont')**

- **Pharmacotherapy**
  - **Anxiolytics help with anxiety and depression**
  - **Antipsychotics control anger, hostility, brief psychotic episodes**
  - **Antidepressants for depressive symptoms**



# **Borderline Personality Disorder Treatment (cont')**

- **Pharmacotherapy**
  - **MAOIs can reduce impulsive behavior**
  - **Anticonvulsants (Carbamazepine [generic]) may improve overall functioning**

# **Histrionic Personality Disorder**

- **Epidemiology**
- **Clinical Features**
- **Differential  
Diagnosis**
- **Course & Prognosis**
- **Treatment**

# **Histrionic Personality Disorder**

## **Epidemiology**

- **Prevalence is estimated to be 2-3% of the general population**
- **Prevalence may be higher**
- **More common in women than men**
- **Can be associated with somatization disorders and alcohol abuse**

# **Histrionic Personality Disorder**

## **Clinical Features**

- **Excitable, emotional, dramatic, extroverted, flamboyant**
- **Exaggerates thoughts and feelings**
- **Seductive, flirtatious, superficial, vain, self-absorbed**
- **Exhibits attention seeking behavior; cannot tolerate not being the center of attention**
- **Needs constant reassurance**

# **Histrionic Personality Disorder Clinical Features (cont')**

- **Unable to form meaningful, lasting relationships**
- **Unaware of their feelings**
- **Forgetful, lacks concentration**
- **Cooperative in interviews**
- **Stress exacerbates the above features**



# **Diagnostic Criteria for Histrionic Personality Disorder**

**A pervasive pattern of excessive emotionality and attention seeking, beginning by early adulthood and present in a variety of contexts, as indicated by five or more of the following:**

# **Diagnostic Criteria for Histrionic Personality Disorder (cont')**

- **Is uncomfortable in situations in which he/she is not the center of attention**
- **Interaction with others is often characterized by inappropriate sexually seductive or provocative behavior**

# **Diagnostic Criteria for Histrionic Personality Disorder (cont')**

- **Displays rapidly shifting and shallow expression of emotions**
- **Consistently uses physical appearance to draw attention to self**

# **Diagnostic Criteria for Histrionic Personality Disorder (cont')**

- **Has a style of speech that is excessively impressionistic and lacking in detail**
- **Shows self-dramatization, theatricality, and exaggerated expressions of emotion**
- **Is suggestible, i.e., easily influenced by others or circumstances**

# **Histrionic Personality Disorder**

## **Differential Diagnosis**

- **Considers relationships to be more intimate than they actually are**
- **In contrast to Borderline Personality Disorder – patients with Histrionic Personality Disorder are less likely to attempt suicide, or to have psychotic episodes**

# **Histrionic Personality Disorder**

## **Course and Prognosis**

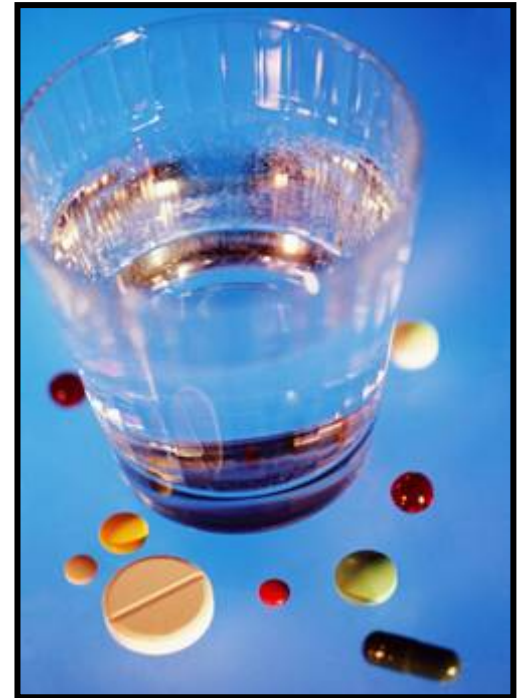
- **Symptoms decrease with age, perhaps due to decrease in energy**
- **May have legal problems, be promiscuous and develop substance abuse**

# **Histrionic Personality Disorder Treatment**

- **Psychotherapy**
  - **Treatment of choice**
  - **Clarification of feelings is helpful since patients are often unaware of their feelings**

# Histrionic Personality Disorder Treatment

- **Pharmacotherapy**
  - **Anxiolytics for anxiety**
  - **Antipsychotics for derealization and illusions**
  - **Antidepressants for depression and somatic complaints**





# **Narcissistic Personality Disorder**

- **Epidemiology**
- **Clinical Features**
- **Differential  
Diagnosis**
- **Course & Prognosis**
- **Treatment**

# **Narcissistic Personality Disorder Epidemiology**

- **Less than 1% of general population**
- **Positive family history of Narcissistic Personality Disorder**

# **Narcissistic Personality Disorder**

## **Clinical Features**

- **Exaggerated sense of self-importance**
- **Expect special treatment**
- **Fragile self-esteem**
- **Cannot tolerate criticism**
- **Ambitious**
- **Occupational problems**
- **Shallow interpersonal relationships**

# **Diagnostic Criteria for Narcissistic Personality Disorder**

**A pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy, beginning by early adulthood and present in a variety of contexts, as indicated by five or more of the following:**

# **Diagnostic Criteria for Narcissistic Personality Disorder (cont')**

- **Has a grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements)**
- **Is preoccupied with fantasies of unlimited success, power, brilliance, beauty or ideal love**

# **Diagnostic Criteria for Narcissistic Personality Disorder (cont')**

- **Believes that he/she is “special” and unique and can only be understood by, or should associate with, other special or high-status people**
- **Requires excessive admiration**

# **Diagnostic Criteria for Narcissistic Personality Disorder (cont')**

**Has a sense of entitlement, i.e.,  
unreasonable expectations of especially  
favorable treatment or automatic  
compliance with his/her expectations**

# **Diagnostic Criteria for Narcissistic Personality Disorder (cont')**

- **Is interpersonally exploitative**
- **Lacks empathy**
- **Is often envious of others, or believes others are envious of him/her**
- **Shows arrogant, haughty behaviors or attitudes**



# **Narcissistic Personality Disorder Differential Diagnosis**

**In contrast to Borderline Personality Disorder – patients with Narcissistic Personality Disorder are less anxious, less likely to attempt suicide, and their lives are less chaotic in general**

# **Narcissistic Personality Disorder**

## **Course & Prognosis**

- **Lifelong disorder**
- **Cannot accept the aging process**
- **Vulnerable to “midlife crisis”**
- **May develop depression**

# **Narcissistic Personality Disorder Treatment**

- **Psychotherapy**
  - **Challenging for therapist and patient**
- **Pharmacotherapy**
  - **Lithium for mood swings**
  - **Antidepressants (SSRIs) for depressive symptoms**

# **Cluster C Disorders**

- **Avoidant Personality Disorder**
- **Dependent Personality Disorder**
- **Obsessive-Compulsive Personality Disorder**

# **Avoidant Personality Disorder**

- **Epidemiology**
- **Clinical Features**
- **Differential  
Diagnosis**
- **Course & Prognosis**
- **Treatment**

# **Avoidant Personality Disorder Epidemiology**

- **Very common**
- **1-10% of general population**

# **Avoidant Personality Disorder**

## **Clinical Features**

- **Extremely sensitive to rejection**
- **Socially withdrawn (shy, but not asocial)**
- **“Inferiority complex”**
- **Nervous, tense, timid**
- **Want to be liked; cannot handle criticism**
- **No close friends due to fear of rejection**
- **Afraid to speak in public**
- **Anxious to talk with examiner**

# **Diagnostic Criteria for Avoidant Personality Disorder**

**A pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation, beginning by early adulthood and present in a variety of contexts, as indicated by 4 or more of the following:**



# **Diagnostic Criteria for Avoidant Personality Disorder (cont')**

- **Avoids occupational activities that involve significant interpersonal contact, because of fears of criticism, disapproval, or rejection**
- **Is unwilling to get involved with people unless certain of being liked**

# **Diagnostic Criteria for Avoidant Personality Disorder (cont')**

- **Shows restraint within intimate relationships because of the fear of being shamed or ridiculed**
- **Is preoccupied with being criticized or rejected in social situations**

# **Diagnostic Criteria for Avoidant Personality Disorder (cont')**

- Is inhibited in new interpersonal situations because of feelings of inadequacy**
- Views self as socially inept, personally unappealing, or inferior to others**
- Is unusually reluctant to take personal risks or to engage in any new activities because they may prove embarrassing**

# **Avoidant Personality Disorder**

## **Differential Diagnosis**

- **In contrast to Schizoid Personality Disorder patients, who want to be alone, patients with Avoidant Personality Disorder desire social activity**
- **May be hard to distinguish from dependent personality disorder**

# **Avoidant Personality Disorder**

## **Course and Prognosis**

- **Some can marry and lead somewhat normal lives if they can find/create a safe environment**
- **May develop depression, anxiety, phobias**

# **Avoidant Personality Disorder Treatment**

- **Psychotherapy**
  - **Once a trusting relationship is developed and patient feels safe, therapist can encourage risk-taking**
  - **Group therapy**
  - **Assertiveness training**

# Avoidant Personality Disorder Treatment (cont')

- **Pharmacotherapy**
  - **Beta blockers alleviate anxiety**
  - **Antidepressants (SSRIs)**  
**lessen rejection sensitivity**



# **Dependent Personality Disorder**

- **Epidemiology**
- **Clinical Features**
- **Differential  
Diagnosis**
- **Course & Prognosis**
- **Treatment**



# **Dependent Personality Disorder**

## **Epidemiology**

- **More common in women than men**
- **More common in individuals who suffered a serious illness in childhood**

# **Dependent Personality Disorder**

## **Clinical Features**

- **Dependent and submissive**
- **Does not assume responsibility**
- **Lacks self-confidence**
- **Does not like to be alone**
- **Always puts needs of others before own**
- **May tolerate abuse and infidelity in order to preserve a relationship**

# **Diagnostic Criteria for Dependent Personality Disorder**

**A pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation, beginning by early adulthood and present in a variety of contexts, as indicated by 5 or more of the following:**

# **Diagnostic Criteria for Dependent Personality Disorder (cont')**

- **Has difficulty making everyday decisions without an excessive amount of advice and reassurance from others**
- **Needs others to assume responsibility for most major areas of his/her life**
- **Has difficulty expressing disagreement with others because of fear of loss of support or approval**

# **Diagnostic Criteria for Dependent Personality Disorder (cont')**

- **Has difficulty initiating projects or doing things on his/her own because of a lack of self-confidence**
- **Goes to excessive lengths to obtain nurturance and support from others, to the point of volunteering to do things that are unpleasant**

# **Diagnostic Criteria for Dependent Personality Disorder (cont')**

- **Feels uncomfortable or helpless when alone because of exaggerated fears of being unable to take care of self**
- **Urgently seeks another relationship as a source of care and support when a close relationship ends**
- **Is unrealistically preoccupied with fears of being left to take care of self**

# **Dependent Personality Disorder Differential Diagnosis**

**Many patients with psychiatric disorders have dependence issues without true Dependent Personality Disorder**

# **Dependent Personality Disorder Differential Diagnosis**

**In contrast to Histrionic and Borderline Personality Disorders – patients with Dependent Personality Disorder usually have one long term relationship rather than a series of short term relationships**



# **Dependent Personality Disorder**

## **Course and Prognosis**

- **Prognosis is favorable with treatment**
- **Occupational difficulty, due to needing constant supervision and reassurance**
- **May suffer abuse by others**
- **May develop major depressive disorder**

# **Dependent Personality Disorder Treatment**

- **Psychotherapy**
  - **Often successful**
  - **Group therapy**
  - **Behavioral therapy**
  - **Assertiveness training**
  - **Family therapy**

# **Dependent Personality Disorder Treatment (cont')**

- **Pharmacotherapy**
  - **Anxiolytics**
  - **Antidepressants (SSRIs)**
  - **Imipramine [generic] for panic attacks or separation anxiety**

# **Obsessive-Compulsive Personality Disorder**

- **Epidemiology**
- **Clinical Features**
- **Differential  
Diagnosis**
- **Course & Prognosis**
- **Treatment**

# **Obsessive-Compulsive Personality Disorder - Epidemiology**

- **Prevalence unknown**
- **More common in men than women**
- **Positive family history of Obsessive-Compulsive Personality Disorder**
- **History of harsh discipline early in life**

# **Obsessive-Compulsive Personality Disorder – Clinical Features**

- **Emotional constriction, perseverance, indecisiveness**
- **Orderliness**
- **Perfectionism, inflexibility**
- **Stiff, rigid, formal, little/no sense of humor**

# **Obsessive-Compulsive Personality Disorder – Clinical Features (cont')**

- **Anxious if routines are disrupted**
- **Constricted affect**
- **Limited interpersonal skills – bossy**
- **Eager to please authority figures**
- **Gives very detailed information in interview**

# **Diagnostic Criteria for Obsessive-Compulsive Personality Disorder**

**A pervasive pattern of preoccupation with orderliness, perfectionism, and mental and interpersonal control, at the expense of flexibility, openness, and efficiency, beginning by early adulthood and present in a variety of contexts, as indicated by 4 or more of the following:**



# **Diagnostic Criteria for Obsessive-Compulsive Personality Disorder (cont')**

- **Is preoccupied with details, rules, lists, order, organization, or schedules to the extent that the major point of the activity is lost**
- **Shows perfectionism that interferes with task completion**

# **Diagnostic Criteria for Obsessive-Compulsive Personality Disorder (cont')**

**Is excessively devoted to work and productivity to the exclusion of leisure activities and friendships (not accounted for by obvious economic necessity)**

# **Diagnostic Criteria for Obsessive-Compulsive Personality Disorder (cont')**

**Is overconscientious, scrupulous, and inflexible about matters of morality, ethics, or values (not accounted for by cultural or religious identification)**

# **Diagnostic Criteria for Obsessive-Compulsive Personality Disorder (cont')**

- Is unable to discard worn-out or worthless objects even when they have no sentimental value**
- Is reluctant to delegate tasks or to work with others unless they submit to exactly his/her way of doing things**

# **Diagnostic Criteria for Obsessive-Compulsive Personality Disorder (cont')**

- **Adopts a miserly spending style toward both self and others; money is viewed as something to be hoarded for future catastrophes**
- **Shows rigidity and stubbornness**

# **Obsessive-Compulsive Personality Disorder – Differential Diagnosis**

- **If the patient has recurrent obsessions or compulsions, then Obsessive-Compulsive Disorder is present**
- **Can have mild obsessive-compulsive traits, but if they do not cause significant impairment, person do not have the true personality disorder**

# **Obsessive-Compulsive Personality Disorder – Course & Prognosis**

- **Variable**
- **Symptoms can decrease with age**
- **Obsessions or compulsions may develop occasionally**
- **May develop schizophrenia or major depressive disorder**

# **Obsessive-Compulsive Personality Disorder - Treatment**

- **Psychotherapy**
  - **Patient may seek treatment due to degree of suffering**
  - **Group therapy beneficial**



# **Obsessive-Compulsive Personality Disorder - Treatment**

- **Pharmacotherapy**
  - **Anxiolytics (Clonazepam [generic]) and Clomipramine [generic] for reduction of obsessive-compulsive signs and symptoms**

# **Personality Disorder NOS**

- **Passive-aggressive**
- **Depressive**
- **Sadomasochistic**
- **Sadistic**

## **Case #2**

**You have been a mentor to Jerry, age 13, for the past two years through a school- based mentoring program designed to help “at risk” youth. He lives with his mother and two brothers and has never known his father.**

## **Case #2 (cont')**

**Although you have known him for two years, you don't feel that you know him very well – he is shy and almost never initiates conversations or talks about himself. He has trouble maintaining eye contact and you often get the feeling he is not listening to you.**

## **Case #2 (cont')**

**Although you have told him he can invite a friend on an outing with you, he has never done so, and his mother has told you she worries about him because he doesn't seem to have any friends or does not even talk about any peers. She describes him as a "loner."**

## **Case #2 (cont')**

**You have tried to introduce Jerry to a variety of activities (sports, museums, art projects, hiking, movies), but he seems to be fixated on video games.**

**Whenever he is given the choice of what to do, he asks to go to the arcade. Video games are the only thing he seems to become engrossed in.**

## **Case #2 (cont')**

- **Jerry gets C's and D's in school and you think he probably has trouble paying attention in class and completing homework assignments. He also fidgets a lot and has a distracting habit of flapping his hands on his thighs.**

## **Case #2 (cont')**

**Does Jerry have a personality disorder?**



## **Case #2 (cont')**

**Jerry does not meet the criteria for a personality disorder.**

## **Case #2 (cont')**

- **Differential diagnosis includes:**
  - **Asperger's**
  - **Autism**
  - **ADHD**
  - **Social phobia**
  - **Anxiety disorder**
  - **Mental retardation**
- **More information is needed**

## **Case #3**

**You have never really cared for Jennifer, your 52-year-old sister-in-law. She has always been self-absorbed and is almost child-like in her attention seeking behavior. At your father-in-law's retirement party, she had too much to drink and gave a long and inappropriate speech essentially about herself.**

## **Case #3 (cont')**

**Most of the family just rolls their eyes, since she does this at nearly every celebration. They joke that she had her baby out of wedlock just because she was jealous of all the attention her two sisters-in-law had while they were pregnant. You find that hard to believe, but with Jennifer, anything is possible.**

## **Case #3 (cont')**

**She dresses provocatively and you are often surprised by the low cut, tight, and generally revealing clothes she wears to family gatherings and you feel embarrassed to be seen with her in public.**

## **Case #3 (cont')**

**In spite of your misgivings about Jennifer, she seems to think of you as her best friend and calls you almost every day. The conversations are usually one-sided, with her giving long-winded and exaggerated accounts of everyday incidents.**

## **Case #3 (cont')**

**You do think she is perfectly suited for her job as in ticket sales at the local theater since she is so dramatic. She talks at length about how she has lots of famous friends from work, but you have yet to meet any of them.**

## **Case #3 (cont')**

**She is tiring to be with, because she is loud, overly talkative, and is only happy when everyone present is watching and listening to her.**



## **Case #3 (cont')**

**Does Jennifer have a personality disorder?**

# **Case #3 (cont')**

- **Diagnosis:**
  - **Histrionic Personality Disorder**

# **Case #3 (cont')**

- **Clues:**
  - **Uncomfortable if not the center of attention**
  - **Provocative**
  - **Style of speech is impressionistic and lacks detail**

# **Case #3 (cont')**

- **Clues:**
  - **Show self-dramatization, theatricality**
  - **Considers relationships to be more intimate than they actually are**

# Summary

- **Personality Disorders: general principles, etiology, clinical features, diagnostic criteria**
- **Cluster A, B, C Disorders: epidemiology, clinical features, differential diagnosis, course, prognosis, and treatment**

# References

- **American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Text Revision. Washington, DC: Office of Publishing Operations, American Psychiatric Association; 2000.**
- **Auth P, Kersten M, editors. Physician Assistant Review. Philadelphia, PA: Lippincott Williams and Wilkins; 2001.**
- **Kaplan HI, Sadock BJ. Synopsis of Psychiatry. Baltimore, MD: Williams & Wilkins; 1998.**
- **O'Connell CB, Zarbock SF, editors. A Comprehensive Review for the Certification and Recertification Examinations for Physician Assistants. Baltimore, MD: Lippincott Williams & Wilkins; 2004.**